Manitoba Public Insurance

Vehicle Theft and Recovery Damage Report

Insured / Vehicle Information

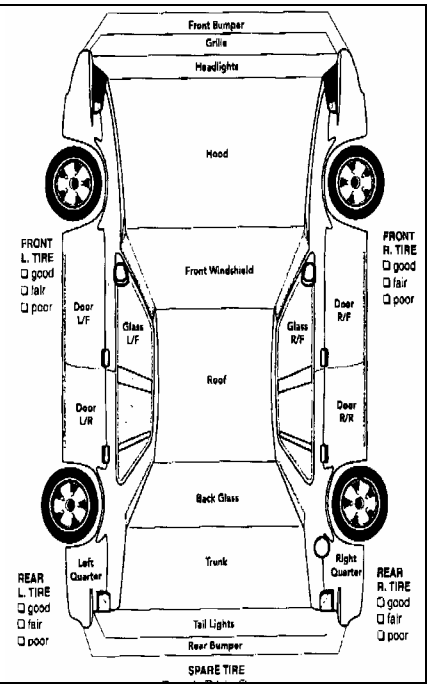
Claim # : _____ **License # :** _____ **Odometer :** |___|___|___|___|___|___|___|

Insured : _____ **Address :** _____

Phone (H) : ( ) _____ **Phone (W) : ( )**_____ **Phone (Cell) : ( )** _____

Make : _____ **Model :** _____ **Type :** _____ **Year :** _____

Serial # : |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|
E ¼ ½ ¾ **F**



MPI Internal Use

☐ **Special Investigations Unit**

☐ **Road Estimator**

☐ **Customer to Authorize**

☐ **Other** _____

Insured's Vehicle Damage Declarations

I here by certify that all the information above is accurate to the best of my knowledge and the requested damage items noted above were not present prior to my vehicle being stolen and are the result of the theft of my vehicle. I fully understand that it is unlawful / fraudulent to make false statements and or claims and that I could face criminal prosecution should any of the information given above be false or untruthful in any way.

Insured's Signature : _____ **Date :** _____|_____

NOTE: The Insured is responsible for any and all charges not covered by MPI on this claim.